

FAIRFAX-FALLS CHURCH CHILDREN'S BEHAVIORAL HEALTH SYSTEM OF CARE BLUEPRINT FOR 2016-2019



Quarterly Report on Blueprint Strategies to the Community Policy and Management Team
May 18, 2018

GOAL 1: Deepen the Community “System of Care” Approach *Coordinator: Jim Gillespie*

Governance Structure:

- A. *Establish a Children's Behavioral Health System of Care oversight committee as the locus of SOC management and accountability.* Accomplished through designating CPMT as the oversight committee. The additional parent representative has not yet been added to CPMT.
- B. *Establish cross-system behavioral health system of care practice standards, policies and procedures.* Revised system of care principles and practice standards have been approved by the CPMT. In December 2017 CPMT approved revisions to local policies and procedures, based on the revised practice standards, and these have been incorporated in the SOC training curriculum.
- C. *Generate support for the SOC approach among the general public and policy makers and administrators at the state and local levels.* Results Based Accountability (RBA) measures were developed for the BHSOC Blueprint, approved by CPMT in September 2018 and the first quarterly RBA report was presented to CPMT on February 23. In April, 2017 the system of care initiative was re-named Healthy Minds Fairfax, which was officially announced in August 2017.
- D. *Continue to develop partnerships with community organizations and agencies in different sectors for coordination, financing and support of the SOC approach.* Work on this strategy was scheduled to begin in January 2018, but a workgroup has not yet been assembled.

Financing Strategies:

- E. *Coordinate county budgeting, including but not limited to Diversion First, to maximize the possibility of high priority children's behavioral health needs being funded.* To complete these strategies a matrix of youth services has been developed and fiscal mapping conducted. Regarding the action step on identifying alternative methods of budgeting the required local CSA match, it was decided to wait to see if the General Assembly takes action on the issue of rising CSA private special education expenditures.

Service Quality and Access:

- F. *Develop/facilitate trainings and outreach materials that increase awareness and knowledge of systems of care values and creates better informed consumers, providers and county and school system staff.* The Training Committee continues to work on revising and expanding the SOC training policy. Brief PowerPoint presentations have been completed around the areas of insurance access, CANS & GAINSS, and Intensive Care Coordination and Wraparound. The primary audience for these presentations are families. The presentations will be recorded and placed on the Healthy Minds Fairfax page on the County website. Information on evidence-based/informed treatments will also be added to the website, directing families to established resources. The Training Committee continues to discuss the best ways to communicate the above information to families, providers and county staff.

Number of Staff, providers & families trained on community resources, insurance access, evidence-based/informed practices, & HF wraparound:

FY 18 (YTD)	FY17	FY16
0	0	0

- G. *Collect and regularly report on community outcomes, and assess gaps in the array of services and supports necessary for the success of the SOC in preventing and treating behavioral health issues.* The annual CSA service gap survey has been revised locally and by the state.
- H. *Review intake, assessment, triage, referral protocols across all levels of care, and lead case management assignments with the goal of supporting families in accessing both public and community provided resources.* In progress but may not be done by the June 2018 target date.

GOAL 2: Data Systems

Coordinator: Janet Bessmer

- A. *Increase cross-system data sharing.* CSA is represented on the HS IT Advisory Committee that meets monthly and is consulted on various topics such as Document Management, the “Front Door,” and the Services taxonomy to ensure that recommendations meet CSA needs. CSA has requested to meet with planning facilitators to review the unique needs of the CSA program as an existing cross-agency collaboration.
- B. *Use cross-system data to improve decision-making and resource use.* To begin in CY 2019

GOAL 3: Family and Youth Involvement

Coordinator: Jim Gillespie

- A. *Increase the presence and effectiveness of family leadership through a sustained family-run network.* A group of family-led nonprofit organizations that serve families, children and youth in northern Virginia began meeting in fall 2017 and continues to meet periodically in person and virtually. The group includes representatives from about eight organizations who gather to share information about their own programming, and exchange ideas for addressing regional challenges and for leveraging potential collaborations. The group has invited participation of Voices of Virginia’s Children to share timely information on state and regional policy and legislative efforts and their impact on families and children in our area.
- B. *Increase family and youth involvement in system planning and implementation.* In December 2018 CPMT approved revisions to local policies and procedures.
- C. *Include youth and family participation in the evaluation of publicly and privately provided services, with prompt action for improvement when necessary.* Parents and youth helped develop new CSA provider evaluation surveys, but implementation has been delayed due to the transition to a new state data and financial reporting system (LEDERS).
- D. *Expand evidence-based peer to peer groups, family/community networks.* See Goal 5, Strategy B.

GOAL 4: Increase Awareness and Reduce Stigma

Coordinator: Jesse Ellis

- A. *Implement “gatekeeper trainings” to increase layperson understanding of mental illness, recognition of signs and symptoms of mental illness or emotional crisis, and support of others in accessing help, using a cultural competency lens.* Gatekeeper trainings continue to be provided in a number of ways through Mental Health First Aid and the Kognito suite of online trainings (including a peer training for teens), Signs of Suicide, and Lifelines.
- B. *Promote youth-led initiatives to combat stigma associated with mental illness, treatment, and accessing help.* Awareness initiatives to combat stigma and promote help-seeking also continue. Ten organizations were awarded mini-grants this year to implement youth-led projects to address stigma, funded by the regional suicide prevention grant. Eleven high schools are currently implementing Our Minds Matter clubs, a new initiative from the Josh Anderson Foundation.
- C. *Increase public awareness of issues surrounding mental illness and behavioral health care.* The public service announcements developed by the Health Department have been running in theaters since June 2016,

and on television and online since December 2016 (the TV/online contract was extended through June 2018).

Number of views of PSAs promoting help-seeking behaviors:

FY18 (YTD)	FY17
6,597,856	3,298,928

Number of crisis texts and calls:

FY18 (YTD)	FY17
1310 text conversations/4119 calls	1087/4927

- D. *Maintain a speaker's bureau and/or list of approved presenters to school and community groups. To be completed in FY19.*

GOAL 5: Youth and Parent/Family Peer Support

Coordinator: Jim Gillespie

- A. *Create a Family Navigator program.* Through the Virginia Department of Behavioral and Developmental Services, the county has been selected as a sub-recipient for a federal SAMHSA grant that will fund family navigator/parent support partner services for the next three years. In October 2018 NAMI Northern Virginia was selected as the provider through September 2020. Approximately 100 youth and families will be served annually.

Number of families served by parent support partners:

FY18 (YTD)	FY17	FY16
43	32	57

- B. *Expand evidence-based peer to peer groups, family/community networks.* In March HMF funding was approved for The Merrifield Crisis Response Center Peer Recovery Staff to implement a weekly Peer Group for teens who've been served by Emergency Services. The group will begin on Thursday 5/17/2018 and run in the evening weekly from 6:00 pm -7:30 pm.

Number participating in expanded parent/family peer support service programming:

FY18 (YTD)	FY17	FY16
Begins May, 2018	0	0

GOAL 6: System Navigation

Coordinator: Betty Petersilia

- A. *Develop an accurate, accessible and real time database of behavioral health care providers that includes information on if they are accepting new clients, if they accept insurance, and their areas of expertise, with functionality to assist families in understanding behavioral health issues and in navigating the system to access services.*

With the recent addition of new Healthy Minds Fairfax staff member, Tracy Davis, we are now in the position of "going back into the room" to map out the details of the database with the goal of completion in December '18.

Number of "hits" on new on-line navigation tool:

FY18 (YTD)	FY17	FY16
Begins in FY 19	0	0

Percentage of users satisfied with on-line navigation tool:

FY18 (YTD)	FY17	FY16
N/A	N/A	N/A

- B. *Create a clearing house for information on children's behavioral health issues and resources.*
Depending on Healthy Minds Fairfax approved funding priorities, it is anticipated that work will begin on this effort in January 2019 or April 2019.

GOAL 7: Care Coordination and Integration

Coordinator: Jim Gillespie

- A. *Provide behavioral health consultation to primary care providers and patients.*
- B. *Promote resources to implement tiered levels of integration based on capacity and readiness.*
The county partnered with Inova to provide intensive behavioral health training to 65 pediatricians in October and December 2017. An inter-agency workgroup headed by Dr. Gloria Addo-Ayensu developed a community plan to implement integration, including but not limited to consultation, facilitated referral, co-location and full integration, which was presented to CPMT on April 27 and will return for a decision by June. The workgroup also developed a project to safely divert youth from hospitalization when appropriate through expansion of CR2 mobile crisis response services, which was approved for HMF funding in March.

Number of pediatric primary care psychiatric consults:

FY18 (YTD)	FY17	FY16
0	0	0

- C. *Increase the appropriate implementation of behavioral health screenings and referrals in primary care settings.* The workgroup will be recommending screening tools for use in primary pediatric care, probably based on the recommendations of the REACH staff who presented the intensive behavioral health training for pediatricians.

GOAL 8: Equity/Disparities

Coordinator: Betty Petersilia

- A. *Promote the adoption of culturally and Linguistically Appropriate Services (CLAS) Standards among BH providers.* The CPMT adopted the Culturally and Linguistically Appropriate Services (CLAS) Standards at its February 24, 2017 meeting. The Fairfax Consortium for Evidence Based Practice's training on LGBT Best Practices and the ongoing work of the Underserved Populations workgroup discussed elsewhere is a reflection of these standards. There are no additional updates at this time.
- B. *Increase access and availability to behavioral health services for underserved populations.* The Underserved Populations workgroup is putting the finishing touches on its report. It will present the report to the CBHC Management Team for review at its June meeting and then to the CPMT. Funding requests include offering Youth Mental Health First Aid training to selected Faith/Youth leaders in houses of worship where underserved youth live and expanding the Northern Virginia Family Service's VPIP program by one position to serve more Latino youth in our underserved communities.
- C. *Require training in cultural competence and advancing equity in alignment with One Fairfax for County, FCPS, and County-contracted behavioral health service providers.* After an inventory of Health and Human services agencies and FCPS's approach to cultural competency training and a developing understanding of rebranding to "cultural humility", the System of Care Training Committee is beginning the task of developing one common training that could be offered to staff and the community. Karen Shaban will be bringing her expertise of the One Fairfax approach to our discussion imminently to further inform the development of this training. At the CSA conference this year in March, a training will be offered on "cultural humility". Per the brochure, "Cultural humility is about attitude, self-reflection and informed curiosity and is applicable at all levels of practice. This workshop will focus on the basic tenets of cultural humility and will offer opportunities for attendees to apply these concepts in practice."

- D. *Implement support structures for LGBTQ youth.* The Evidence Based Practice (EBP) Workgroup, the major support to the Training Consortium, will be following up its initial December, 2017 training, “Best Practices with LGBT Youth” by Joe Cabush, LCSW and Heather Kirby, LCSW, anticipates offering a second training focusing on the specific clinical skills therapists can use in their practice to help address the unique needs of this population. We anticipate this training offering in Fall 2018.

GOAL 9: Reduce Incidence of Youth Suicide in our Community

Coordinator: Jesse Ellis

- A. *Identify universal suicide and/or depression screening tool(s) for use by the community.* The team developing guidance and protocols for suicide/depression screening by community organizations has finalized a toolkit for publication; it will be incorporated into the new website.
- B. *Develop and publish guidelines for service providers on the availability and effective use of crisis services.* The CSB has recently published new information (including printable fliers) on accessing the Mobile Crisis Unit and on Involuntary Psychiatric Hospitalization of Minors.
- C. *Develop a common and coordinated approach to youth suicide postvention.* A resource for community organizations on implementing suicide postvention will be published on the redesigned website. An extension of the committee has begun meeting to discuss opportunities for coordinated community postvention outreach and services.
- D. *Continue to make available and promote the suicide prevention hotline, including textline.*
In the first three quarters of FY2018, PRS CrisisLink answered 4,119 calls. Of these calls, 196 were from youth under 18, and 298 were from individuals 18 to 24. The PRS CrisisText Connect program engaged in 1310 text conversations with 1120 unique individuals.
- E. *Train behavioral health providers in evidence-based practices specific to the treatment of youth with suicidal ideation and behavior.* The Fairfax Training Consortium for Evidence Based Practice’s second training, Family Intervention for Suicide Prevention (FISP) was held on Friday, March 19, 2018 at George Mason University’s Johnson Center with 113 public and private mental health clinicians attending. Due to a high demand for attendance by public and private mental health providers and a lengthy waiting list, a second training is being offered on June 4, 2018 by the original trainer, Dr. David Goldston from Duke University, the expert providing this SAMHSA NREPP endorsed training. “Train the trainer” phone consultation and supervision sessions commence on May 11, 2018. This class of “champions” will then be positioned to offer additional FISP trainings as needed once they have reached their level of proficiency. Inova Kellar Director, Rick Leichtweis, met with the presenters. Core Competency training (multiple day training in CBT, DBT skills needed to treat a range of mental health issues including trauma, substance abuse and high risk behaviors) will begin with two sessions starting in late June through early August and late August to late September. This training in clinical skills again is geared to youth and family serving public and private mental health professionals.

Number of BH providers trained in evidence-based suicide prevention treatment:

FY18 (YTD)	FY17	FY16
113	0	0

GOAL 10: Evidence-Based and Informed Practices

Coordinator: Betty Petersilia

- A. *Develop definitions and criteria for evidence-based and evidence-informed practice in prevention and intervention/treatment.* To be addressed this quarter.
- B. *Establish a set of core competencies based on service type for all public & contracted provider staff.* To be defined this quarter.
- C. *Train County, school staff and providers on EBPs, including how and when to use them. Include a review of practices that are harmful.* To be addressed this next quarter.
- D. *Incentivize the use of EBPs among providers.*

The Fairfax Consortium for Evidence Based Practice – a training collaborative is up! Already mentioned in Goal 9, item E above, Core Competency training begins in late June. County clinical staff, school staff providing treatment services and contracted providers and other private providers are being invited to participate through the completion of an application. This segment of the *Fairfax Training Consortium for Evidence Based Practice* will have a limited enrollment with some receiving the additional offerings of supervision, group discussions and consultation for a six to twelve-month period after the Core Competency trainings. Technology will also be used here for the follow up experience where participants can “stay at their desk” while continuing to learn. Incentivization of using EBPs, definitions and criteria for evidence-based and evidence-informed practice in prevention and intervention/treatment and a set of core competencies has been delayed and will be worked on this next quarter. The continued launch of the *Fairfax Training Consortium for Evidence Based Practice* remains labor intensive and it will continue to be this next quarter also.

Number of BH providers trained in trauma evidence-based treatment:

FY18 (YTD)	FY17	FY16
0	0	0

Number of BH providers trained in evidence-based suicide prevention treatment:

FY18 (YTD)	FY17	FY16
113	0	0

GOAL 11: Trauma Informed Care

Coordinator: Jesse Ellis

- A. *Ensure there is sufficient clinical capacity to meet the needs for trauma-specific, evidence-based interventions.* The Fairfax County Trauma-Informed Community Network has reached over 1000 people with their 90-minute Trauma Awareness 101 Training, which is now available on-demand as a 30-minute webinar. The TICN continues to host full day sessions of their Trauma-Informed Supervisor Training, and have reached hundreds of supervisors from county human services agencies, schools, and non-profit partners. The TICN training subcommittee also developed a training on Secondary Traumatic Stress in the workforce that is now available regularly. Trainings and resources on developing trauma-informed spaces are currently available.
- B. *Train non-clinical staff in community-based organizations, schools, and county agencies to implement trauma-informed practices.* The TICN worked to increase community awareness of trauma and its impact by developing and publishing a Trauma Awareness Fact Sheet that has been widely distributed, and supported mass printing of a trauma infographic poster from the National Council for Behavioral Health that was also widely distributed. The TICN now owns a copy of (and license to screen) the documentary *Resilience*, and the film is regularly loaned out for additional staff and community screenings.
- C. *Inform the community at large on the prevalence and impacts of trauma.* The Board of Supervisors, in November, proclaimed Fairfax to be a trauma-informed community. Screenings of *Resilience*, and workshops hosted by the FCPS Mental Health and Wellness Conference, the FCPS Parent Resource Center, and community organizations each highlight trauma for the community. The October meeting of the Partnership for a Healthier Fairfax focused on the impact of trauma across the lifespan and had approximately 75 people in attendance. The Fairfax County Council of PTAs recently appointed a representative to the TICN.
- D. *Develop shared screening and referral process for individuals impacted by trauma for school and human services agency staff using nationally recognized screening tool.* To be completed FY18.
- E. *Human service agency leaders will integrate the concepts of trauma-informed care into their organizational culture.* County Health and Human Services agencies are each implementing plans to ensure their organizations are trauma-informed. An updated will be provided in the CPMT packet

GOAL 12: Behavioral Health Intervention

Coordinator: Betty Petersilia

- A. *Develop empirically validated cross system human services and schools screening process available to determine needs, resources, & desirable outcomes.* This work group co-led by CSB and FCPS representatives is in the final stages of completing its report with recommendations for a cross system screening process and will have it for review by Healthy Minds Fairfax, the CBHC Management Team and CPMT by July 1, 2018.

Number of BH screenings (semi-annual measure):

FY18 (YTD)	FY17	FY16

- B. *Create capacity to address behavioral health needs of children 0-7.* The recruitment of members for this work group is beginning now to include HMF, CSB, DFS and FCPS representatives. A more substantive report out will be presented in our next quarterly report in June '18.
- C. *Establish a training consortium in partnership with university and private provider partners (ex: GMU, INOVA) for ongoing training for staff and service providers.* See above in Goal 10D.

- D. *Expand access to timely and available behavioral health services for school age children and youth with emerging behavioral health issues who have not been able to access such services.*
- The Short Term Behavioral Health Service for Youth continues to serve thirteen high schools. They are Annandale, Bryant Alternative, Edison, Hayfield, Herndon, Lake Braddock, Lee, Mt. Vernon, Mountain View Alternative, Robinson, South County, Stuart, and Woodson. We have branched out to serve middle schools and are currently serving, Key, Herndon, Hayfield, Robinson and South County. We have increased the potential school referral sources to include Counseling staff, in collaboration with the school social worker or school psychologist. This service continues to link income eligible youth and families from these high school and middle school communities to timely and available short term mental health counseling (up to 8 sessions), funded by Healthy Minds Fairfax. School referrals are at 133 as of this writing, an over 65% increase over last year's referrals at this time. At FCPS's request, we have submitted an HMF funding proposal for an expansion of this service to 5 additional schools to include additional middle schools and pilot two elementary schools.

Number of youth served through Short-Term Behavioral Health Services:

FY18 (YTD)	FY17	FY16
54	57	30

Give An Hour, the pro bono therapy initiative for children, youth and families in Fairfax County is in the active development stage. The Give An Hour website is customizing a Fairfax County (and the cities of Fairfax and Falls Church) page, "branding" social marketing materials, actively recruiting providers and in collaboration with HMF staff, tentatively planning a BOS proclamation for July 10, 2018 with a reception and another "launch" in September 2018. Details will be provided once reviewed and approved by leadership.

Number of youth served through pro-bono outpatient therapy services:

FY18 (YTD)	FY17	FY16
Service begins July, 2018	0	0

- E. *Develop recommendations for the Board of Supervisors Public Safety Committee that reflect Diversion First initiatives needed for youth who come in contact with the criminal justice system.* CSB and JDRDC staff continue to meet to address the behavioral health needs of the court that can be provided by the CSB.
- F. *Reduce youth substance abuse and use.* The BOS has approved funding for the school-based substance abuse intervention program that was previously approved by the CPMT and endorsed by the SCYPT.

GOAL 13: Service Network for High Risk Youth

Coordinator: Janet Bessmer

- A. *Increase availability/capacity of provider community to offer trauma assessments and evidence-based trauma treatment; trauma services shall be offered in languages and in locations that are accessible to families.* Private providers who offer trauma assessments and treatments are identified in the CSA provider directory. There continues to be a need for providers to offer evidence-based trauma assessments and treatment. This goal overlaps with roles of TICN and the Training Consortium. More coordination between the groups is needed.
- B. *Identify and implement an evidence-based parenting program designed for parents of adolescents (12+); language capacity and location/accessibility shall meet the needs of families.* The project is now being coordinated by Bob Bermingham to facilitate agency stakeholders in projecting the number of youth who might benefit and develop a funding proposal. Both FFT and MST are under consideration for two different populations. In addition, Diversion First funding was obtained that can be used for this project, provided the target population has a criminal justice connection as befitting the goals of Diversion First.
- C. *Identify and implement an evidence-based parenting program designed for parents of children (<12); language capacity and location/accessibility shall meet the needs of families.* DFS has provided foster parents with training in the Reflections curriculum, based on the ARC model that the authors have adapted specifically for use with foster families. This curriculum has been well-received by foster families and DFS has plans to expand the training for other caregivers, including birth parents and kinship families. The contract for the ARC Reflections Train-the-trainer is pending. The CSA Management Team has also considered the need to adopt an evidence-based model for supervised visitation services.
- D. *Monitor utilization of ICC and Case Support and increase capacity/staffing so that youth with identified behavioral health care needs receive appropriate case management services.* Three new Wrap Facilitators were hired in January 2018. The existing 3 Wrap Facilitators all had full caseloads by January 2018. It is anticipated that the new Facilitators will begin being able to build a caseload starting March 1, 2018 and will have full caseloads by the end of April. However, one of the newest Wrap Facilitators resigned effective 4/6/18. Additionally, a new Wrap Facilitator position was added to the team, for a total of 7 Facilitators, and recruitment is underway to fill both this new position and the existing vacant position. A supervisor for the Wrap team began 4/16/18.

The RT has been able to manage capacity for several months; however, they had to start a waitlist in April 2018 due to several staff promotions within the SOC. A new bi-weekly phone call between CSB and FCPS Managers occurs to help manage any cases that need transferred between the two agencies. If a waitlist occurs, this is managed by the RT Manager who triages cases for acute needs in addition to direct parent referrals and youth who are in need of residential placement. The RT lost staff in January, February, April and May and thus had 4 vacant positions creating the need for a waitlist. Two of those positions have been filled with the new staff starting in mid-May. The remaining 2 positions are currently undergoing recruitment.

Number of youth with active BH case management through ICC or the CSB Resource Team
(point in time count on the last day of the quarter): Will be added to quarterly CSA data report

- E. *Improve the utilization of the annual gaps survey of youth and parents in CSA-SOC to identify needed interventions.* One project that stemmed from survey results is a new initiative being discussed with Grafton. Northern VA CSA managers met with representatives of Grafton to discuss development of an overnight respite program for youth with developmental disabilities. Grafton is partnering with Jill's House to learn about their service delivery model. Grafton indicated that they might be able to offer this new services. Overnight respite was identified repeatedly on the gaps survey.

- F. *Develop communication plan to share information about the services and care coordination offered through the SOC process with the broader provider community.* As part of the county's new website design, CSA and HMF have new pages on the county's public website. In addition, CSA has begun producing its monthly newsletter again that contains training announcements and other information pertinent for system partners.
- G. *Build system capacity to monitor fidelity to EBT models and conduct outcome evaluation for purchased services.* In the third quarter, CSA staff received training on the use of the Wraparound Fidelity Index (WFI) tool which will be one of the ways in which fidelity to the Wraparound model will be measured. The Office for Children's Services provided guidance and protocols for the way in which data can be gathered by the localities. In the third quarter, CSA staff used that information to develop the protocols to be used in Fairfax -eligibility criteria for families, number of families to survey, survey protocol, etc.; data gathering will be done twice a year, with the first round beginning in May. The Wraparound Document Assessment and Review Tool (DART) is another component of the Wraparound Fidelity Assessment System (which also includes the WFI) that allows a program to assess adherence to standards of High Fidelity Wraparound as documented in the wraparound records. CSA staff finished reviewing records in January for one of the ICC providers, Wrap Fairfax. A DART review of the second ICC provider, UMFS, is scheduled for May, 2018. The data captured in the DART reviews will be used locally to highlight areas of improvement in the implementation of High Fidelity Wraparound by the Intensive Care Coordination program providers.
- H. *Provide IT infrastructure to support data collection for fidelity monitoring and outcome evaluation along with electronic records management.* CSA is a participant on the Health and Human Services Integrative System Implementation Advisory workgroup which is overseeing a multi-year project that supports data analytics, electronic records management, and other functions utilized in CSA. No new information this quarter.
- I. *Explore opportunities for expanding available financial resources to serve youth on diversion or probation who need intensive behavioral health services.* CSA staff have met with court staff to review the requirements for CSA-funded services and train staff to access these funds. Court staff have been active participants in recent CSA training and supervisory booster sessions.
- J. *Increase family and provider membership on the CPMT.* CPMT approved a modification to the policy manual allowing foster parents who are otherwise qualified to serve, as per the state policy. They also have allowed non-Fairfax county residents who are otherwise qualified to serve as FAPT parent reps, although residency is a preferred qualification. Two parent representatives were approved by the CPMT at the April meeting.

GOAL 14: DD/Autism Services:

Develop expanded continuum of care of services for youth with DD/autism. An inter-agency workgroup has been convened and is working on this goal.

GOAL 15: Transition Age Youth:

Provide coordinated services and supports for youth and young adults of transition age, both those still in school and those who have left school. Reduce the number of youth of transition age who are living with unidentified and untreated serious mental illness who have signs and/or symptoms of a serious mental health condition that emerged before they transition out of youth-serving systems/programs. An inter-agency workgroup has been convened and is working on this goal.